

Patent 3-122

Attorney's Docket No. 017753-122

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of		) MAILSTOP: AF						
Marie-P	aule KIENY et al.	Group Art Unit: 1632						
Applicat	ion No.: 09/462,993	Examiner: Q. Janice Li						
· Filed: .	April 17, 2000	Confirmation No.: 5746						
]	ANTITUMORAL COMPOSITION BASED ON IMMUNOGENIC POLYPEPTIDE WITH MODIFIED CELL LOCATION	) ) ) )						
NOTICE OF APPEAL REPLY TRANSMITTAL LETTER								
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
Sir:								
Enclosed is a Notice of Appeal for the above-identified patent application.								
[X]	A Petition for Extension of Time is also enclosed.							
[]	A Terminal Disclaimer and the [ ] \$55.00 (2814) [ ] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.							
[]	Also enclosed is/are	lso enclosed is/are						
[]	Small entity status is hereby claimed.							
[ ]	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [ ] \$385.00 (2801) [ ] \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).							
	[ ] Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.							
	[ ] Applicant(s) previously submitted requested.	_, on, for which continued examination is						
	does not exceed three months from the	he filing of this RCE, in accordance with fee under 37 C.F.R. § 1.17(i) is enclosed.						

Amendment/Reply Transmittal Letter Application No. <u>09/462,993</u> Attorney's Docket No. <u>017753-122</u> Page 2

[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a)
	(1809/2809) is also enclosed.

- [X] No additional claim fee is required.
- [ ] An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS						
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'L FEE	
Total Claims		MINUS =		× \$18.00 (1202) =		
Independent Claims		MINUS =		× \$86.00 (1201) =		
If Amendment adds multiple dependent claims, add \$290.00 (1203)						
Total Claim Amendment Fee						
If small entity status is claimed, subtract 50% of Total Claim Amendment Fee						
TOTAL ADDITIONA	L CLAIM F	EE DUE FOR TH	IS AMENDM	ENT		

[ ]	A check in the amou	nt of \$	is enclosed for the fee due.
ſΊ	Charge \$	to Deposit Account N	lo. 02-4800.

By:

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: January 16, 2004

Christopher L. North, Ph.D. Registration No. 50,433

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